

July 2016

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# Public Four-Year Universities

Name: Dr. Dwaun J. Warmack
Institution: Harris-Stowe State University
Phone: 314-340-3335

Contact Person: Brian M. Huggins, Vice President and Chief Financial Officer

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$217,000			\$220,996		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$23,257			\$23,723		
Long-term disability for self	\$307			\$313		
Deferred compensation						
Retirement benefit	\$36,825			\$37,503		
Other (please specify)						
Life Insurance	\$228			\$174		
A D and D Insurance	\$304			\$304		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$277,920	\$0	\$0	\$283,013	\$0	\$0

#### Other Compensation:

				ı		
	FY 2	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$30,000			\$34,166		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$7,460			\$0		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Annuity	\$7,500			\$7,500		
TOTAL	\$44,960	\$0	\$0	\$41,666	\$0	\$0

Name: Dr. Kevin Rome
Institution: Lincoln University
Phone: 573 681-5019
Contact Person: Jim Marcantonio HR Director

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$221,500			\$223,000		
Medical/dental/vision insurance for self	\$6,552			\$6,854		
Medical/dental/vision insurance for spouse/family	\$11,362			\$12,000		
Long-term disability for self	\$1,018			\$1,226		
Deferred compensation						
Retirement benefit	\$13,644			\$13,737		
Other (please specify) Annuity	\$21,500			\$21,500		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$275,576	\$0	\$0	\$278,317	\$0	\$0

# Other Compensation:

	FY 2	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	\$22,800			\$22,800			
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$9,000			\$9,000			
Automobile repair/maintenance/mileage							
Professional development  Expense for spouse/family to attend meetings							
Club/other memberships		\$8,025			\$9,000		
Other (please specify)							
TOTAL	\$31,800	\$8,025	\$0	\$31,800	\$9,000	\$0	

Name: Alan D Marble - President

Institution: Missouri Southern State University

Phone: 417-625-9805

Contact Person: Evan Jewsbury - Director of Human Resources

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$183,917			\$184,217		
Medical/dental/vision insurance for self	\$6,165			\$7,066		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$238			\$238		
Deferred compensation	\$46,000		\$46,000	\$48,000		\$48,000
Retirement benefit	\$39,017			\$39,407		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$275,337	\$0	\$46,000	\$278,928	\$0	\$48,000

#### Other Compensation:

	FY 2	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$7,080			\$5,100			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$7,080	\$0	\$0	\$5,100	\$0	\$0	

Name: Clif Smart
Institution: Missouri State University
Phone: (417) 836-4232
Contact Person: Tina McManus - Controller

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$304,500			\$309,981		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$5,618			\$5,618		
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$310,118	\$0	\$0	\$315,599	\$0	\$0

# Other Compensation:

				1		
	FY 2	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$40,000			\$40,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$7,773			\$7,907		
Other (please specify)						
TOTAL	\$47,773	\$0	\$0	\$47,907	\$0	\$0

Name: Drew Bennett
Institution: Missouri State University
Phone: 417-836-4232
Contact Person: Tina McManus - Controller

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$158,401			\$161,252		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$158,401	\$0	\$0	\$161,252	\$0	\$0

# Other Compensation:

	FY 2	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	\$6,125		\$2,942				
Utilities	\$1,871						
Housing allowance (provided for private rent/lease/purchase)	\$12,000			\$24,000			
Housekeeper							
Custodian, groundskeeper	\$3,650						
Insurance for personal property							
Entertainment	\$1,945	\$249		\$4,956	\$44		
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships		\$2,280			\$2,328		
Other (please specify)							
TOTAL	\$25,591	\$2,529	\$2,942	\$28,956	\$2,372	\$0	

Name: Dr. Robert Vartabedian
Institution: Missouri Western State University
Phone: 816-271-4587
Contact Person: Sally Sanders, Director of Human Resources

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$241,126			\$241,126		
Medical/dental/vision insurance for self	\$7,768			\$8,356		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$352			\$232		
Deferred compensation						
Retirement benefit	\$47,792			\$47,792		
Other Basic Life 752, Annuity 24,000	\$24,752			\$24,752		
Additional life insurance	Value					
	\$482,252					
Annuity	Value					
	\$24,000					
		·				
TOTAL	\$321,789	\$0	\$0	\$322,257	\$0	\$0

#### Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)	\$28,000			\$28,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$12,500			\$12,500		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings Club/other memberships	\$3,052			\$3,052		
Other (please specify) Campus Projects						
TOTAL	\$43,552	\$0	\$0	\$43,552	\$0	\$0

Name: Dr. John Jasinski
Institution: Northwest Missouri State University
Phone: 660-562-1129

Contact Person: Anne Long

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$255,000			\$258,315		
Medical/dental/vision insurance for self	\$7,890			\$7,919		
Medical/dental/vision insurance for						
spouse/family	\$14,548			\$10,884		
Long-term disability for self	\$206			\$332		
Deferred compensation	\$12,000			\$12,000		
Retirement benefit	\$48,442			\$49,521		
Other (please specify) Basic Life Insurance (1x						
annual salary)	\$450			\$544		
Additional life insurance	\$259,000					
	(1x annual salary p	rovided)				
Annuity	Value					
			l			1
TOTAL	\$338,536	\$0	\$0	\$339,516	\$0	\$0

#### Other Compensation:

	FY 2015 Actual Expenditures			FY 201	FY 2016 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing			\$9,000			\$9,000		
Utilities Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile Automobile allowance (provided for private lease/purchase)			\$16,800			\$16,800		
Automobile repair/maintenance/mileage								
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships			\$1,200			\$1,200		
Other (please specify)								
TOTAL	\$0	\$0	\$27,000	\$0	\$0	\$27,000		

Name:	Kenneth W. Dobbins
Institution:	Southeast Missouri State University
Phone:	(573) 986-6192
Contact Person:	Melissia Coffee

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$235,010					
Medical/dental/vision insurance for self	\$6,405					
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$216					
Deferred compensation						
Retirement benefit	\$50,912					
Other (please specify)	\$926					
(Life Insurance, AD&D, Employee Assistance						
Program, Parking, and Cafeteria Plan)						
Additional life insurance	\$0					
Annuity	\$65,000					
TOTAL	\$293,469	\$0	\$0		\$0	\$0

# Other Compensation:

·						
	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing (Estimated Rental Value)	\$30,000					
Utilities (Elec/Gas and Water/Sewer) Housing allowance (provided for private rent/lease/purchase)	\$7,175					
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$0					
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$37,175	\$0	\$0	\$0	\$0	\$0

Name:	Carlos Vargas-Aburto
Institution:	Southeast Missouri State University
Phone:	(573) 986-6192
Contact Person:	Melissia Coffee

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	itures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary				\$270,000		
Medical/dental/vision insurance for self				\$4,989		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self				\$216		
Deferred compensation						
Retirement benefit				\$17,317		
Other (please specify)				\$1,098		
(Life Insurance, AD&D, Employee Assistance						
Program, Parking, and Cafeteria Plan)						
Additional life insurance						
Annuity						
			1	1		
TOTAL	\$0	\$0	\$0	\$293,620	\$0	\$0

#### Other Compensation:

	FY 20	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing (Estimated Rental Value)				\$30,000		
Utilities (Elec/Gas and Water/Sewer)				\$7,175		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile				\$5,350		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$42,525	\$0	\$0

Name: Troy D. Paino
Institution: Truman State University
Phone: 660-785-4100
Contact Person: Dave Rector

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$230,000			\$241,500		
Medical/dental/vision insurance for self	\$6,566			\$6,675		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$221			\$210		
Deferred compensation						
Retirement benefit	\$39,031		\$24,863	\$40,982		\$26,758
Other (please specify)						
Basic Life	\$304			\$266		
AD&D	\$55			\$53		
FICA/Medicare	\$10,794			\$10,849		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$286,971	\$0	\$24,863	\$300,535	\$0	\$26,758

# Other Compensation:

					TV 2016 Fatiguated France diturns		
	FY 2	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities	\$11,397			\$11,625			
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper	\$3,211			\$3,275			
Custodian, groundskeeper	\$2,084			\$2,126			
Insurance for personal property	\$406			\$406			
Entertainment		\$5,661			\$5,775		
Automobile	\$3,107			\$3,170			
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships		\$1,485			\$1,500		
Other (please specify)							
TOTAL	\$20,205	\$7,146	\$0	\$20,602	\$7,275	\$0	

Name: Dr. Charles M. Ambrose
Institution: University of Central Missouri
Phone: 660-543-4113
Contact Person: Susan Brockhaus

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	tures	FY 2016 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$272,550			\$297,550			
Medical/dental/vision insurance for self	\$7,445			\$7,817			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$462			\$462			
Deferred compensation	\$25,000			\$25,000			
Retirement benefit	\$16,481			\$16,789			
Other (please specify) Relocation incentive	\$20,000			\$20,000			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$341,938	\$0	\$0	\$367,618	\$0	\$0	

# Other Compensation:

	FY 2	FY 2015 Actual Expenditures			6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing			\$23,556			\$23,556
Utilities Housing allowance (provided for private rent/lease/purchase)	\$8,951			\$9,300		
Housekeeper	\$8,525			\$8,700		
Custodian, groundskeeper	\$8,719			\$8,750		
Insurance for personal property						
Entertainment	\$1,186	\$794		\$1,200	\$1,000	
Automobile Automobile allowance (provided for private lease/purchase)	\$6,361			\$7,900		
Automobile repair/maintenance/mileage						
Professional development	\$2,249	\$9		\$2,500		
Expense for spouse/family to attend meetings		\$1,776			\$2,000	
Club/other memberships	\$50	\$2,907		\$55	\$2,907	
Other (please specify)						
TOTAL	\$36,041	\$5,486	\$23,556	\$38,405	\$5,907	\$23,556

Name: Michael Middleton - President (interim)

Institution: University of Missouri System

Phone: 573-884-2021

Contact Person: Debora Hulett, Senior Compensation Consultant

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	15 Actual Expend	tures	FY 201	FY 2016 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$211,541			\$211,541				
Medical/dental/vision insurance for self	\$3,832			\$5,781				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self	\$219			\$296				
Deferred compensation	\$0			\$0				
Retirement benefit	\$24,518			\$37,191				
Other (please specify)								
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$240,110	\$0	\$0	\$254,809	\$0	\$0		

#### Other Compensation:

	FY 20	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)	\$28,800			\$28,800			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$17,214			\$17,214			
Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$46,014	\$0	\$0	\$46,014	\$0	\$0	

Name: Henry Foley - Chancellor (interim)

Institution: University of Missouri - Columbia

Phone: 573-884-2021

Contact Person: Debora Hulett, Senior Compensation Consultant

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	15 Actual Expend	itures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$364,583			\$364,583		
Medical/dental/vision insurance for self	\$5,109			\$5,781		
Medical/dental/vision insurance for spouse/family	\$2,129			\$5,781		
Long-term disability for self	\$268			\$296		
Deferred compensation	\$55,000			\$0		
Retirement benefit	\$27,891			\$30,772		
Other (please specify)						
Incentive	\$33,250					
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$488,230	\$0	\$0	\$407,213	\$0	\$0

#### Other Compensation:

	FY 20	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)	\$13,772			\$13,772			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$13,772	\$0	\$0	\$13,772	\$0	\$0	

Name: Leo Morton - Chancellor
Institution: University of Missouri - Kansas City
Phone: 573-884-2021
Contact Person: Debora Hulett, Senior Compensation Consultant

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$296,514			\$296,514		
Medical/dental/vision insurance for self	\$4,257			\$5,781		
Medical/dental/vision insurance for spouse/family	\$4,257			\$5,781		
Long-term disability for self	\$293			\$296		
Deferred compensation	\$53,000			\$53,000		
Retirement benefit	\$41,007			\$40,205		
Other (please specify)						
Incentive						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$399,328	\$0	\$0	\$401,577	\$0	\$0

#### Other Compensation:

	FY 20	FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)	\$57,300			\$57,300			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)	\$13,080			\$13,080			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$70,380	\$0	\$0	\$70,380	\$0	\$0	

Name: Cheryl Schrader - Chancellor

Institution: Missouri University of Science & Technology (Rolla)

Phone: 573-884-2021

Contact Person: Debora Hulett, Senior Compensation Consultant

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	15 Actual Expend	itures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$302,083			\$302,083		
Medical/dental/vision insurance for self	\$4,257			\$4,857		
Medical/dental/vision insurance for spouse/family	\$7,774			\$7,774		
Long-term disability for self	\$293			\$296		
Deferred compensation	\$51,000			\$51,000		
Retirement benefit	\$35,012			\$37,526		
Other (please specify)						
Incentive	\$27,700			\$27,700		
Additional life insurance	Value					
Annuity	Value					
,	******					
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
TOTAL	\$428,119	\$0	\$0	\$431,236	\$0	\$0

#### Other Compensation:

	FY 20	FY 2015 Actual Expenditures			6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)	\$12,480			\$12,480		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)	\$13,369			\$13,369		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$25,849	\$0	\$0	\$25,849	\$0	\$0

Name: Thomas George - Chancellor

Institution: University of Missouri - St. Louis

Phone: 573-884-2021

Contact Person: Debora Hulett, Senior Compensation Consultant

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	15 Actual Expend	itures	FY 201	6 Estimated Exper	nditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$318,250			\$318,250		
Medical/dental/vision insurance for self	\$5,109			\$6,381		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$293			\$296		
Deferred compensation	\$53,000			\$53,000		
Retirement benefit	\$36,795			\$35,594		
Other (please specify)						
Incentive	\$31,444			\$31,444		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$444,891	\$0	\$0	\$444,965	\$0	\$0

#### Other Compensation:

	FY 20	FY 2015 Actual Expenditures			6 Estimated Exper	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing (FMV=234,000; estimated rental value = \$5,000/month)	\$5,000			\$5,000		
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$8,000			\$8,000		
Automobile allowance (provided for private lease/purchase)	\$1,971			\$1,971		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$14,971	\$0	\$0	\$14,971	\$0	\$0

# Public Two-Year Colleges

Name:	Jennifer Methvin
Institution:	Crowder College
Phone:	(417) 455-5533
ntact Person:	Amy Rand

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	itures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$156,863			\$156,863		
Medical/dental/vision insurance for self	\$6,600			\$6,600		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$23,702			\$23,702		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
	4407.455	40	40	4407.455	40	40
TOTAL	\$187,165	\$0	\$0	\$187,165	\$0	\$0

# Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional	Private Funds (e.g. Institutional	Estimated Value of Compensation (not reflected in	Institutional	Private Funds (e.g. Institutional	Estimated Value of Compensation (not reflected in
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$15			\$15		
Other (please specify)						
TOTAL	\$15	\$0	\$0	\$15	\$0	\$0

Name: Dr. Carl J. Bauer
Institution: East Central College
Phone: 636-584-6712

Contact Person: Wendy Hartmann, Director of Human Resources

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$143,800			\$147,755		
Medical/dental/vision insurance for self	\$7,389			\$7,260		
Medical/dental/vision insurance for spouse/family	\$7,013			\$7,126		
Long-term disability for self	\$205			\$224		
Deferred compensation						
Retirement benefit	\$22,357			\$22,476		
Other (please specify)						
Travel	\$6,000			\$6,000		
Health Savings Account	\$5,100			\$5,200		
Life Insurance	\$156			\$139		
Additional life insurance	\$140,000					
The college provides \$100,000 Basic Life- Dr. Bauer pu	rchased an addition	al \$140,000				
Annuity	Value					
TOTAL	\$192,020	\$0	\$0	\$196,180	\$0	\$0

#### Other Compensation:

	Т			1		
	FY 2	015 Actual Expendi	tures	FY 201	.6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Dr. Ray Cummiskey, President
Institution: Jefferson College
Phone: (636)481-3120

Contact Person: Daryl Gehbauer, Vice President Finance and Administration

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	itures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$198,934			\$212,022		
Medical/dental/vision insurance for self	\$4,590			\$5,454		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$236			\$236		
Deferred compensation	\$0			\$0		
Retirement benefit	\$29,857			\$31,853		
Other (please specify) Insurance Reimbursement	\$2,025			\$1,821		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$235,642	\$0	\$0	\$251,387	\$0	\$0

#### Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	.6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200	\$0	\$0	\$0	\$0	\$0
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
Cell Phone	\$1,200	\$0	\$0	\$0	\$0	\$0
TOTAL	\$8,400	\$0	\$0	\$0	\$0	\$0

Name: Mark James - Chancellor
Institution: Metropolitan Community College
Phone: 816-604-1011
Contact Person: Shelley Kneuvean 816-604-1253

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$237,651			\$251,256		
Medical/dental/vision insurance for self	\$9,956			\$9,435		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$840			\$882		
Deferred compensation						
Retirement benefit	\$33,456			\$36,432		
Other (please specify)						
403(b)	\$1,000			\$1,000		
Life Insurance	\$1,713		\$571	\$1,814		\$605
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$284,616	\$0	\$571	\$300,819	\$0	\$605

#### Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$3,552			\$3,600		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$3,552	\$0	\$0	\$3,600	\$0	\$0

Name: Michael Banks - President

Institution: Metropolitan Community College - Blue River

Phone: 816-604-6542

Contact Person: Shelley Kneuvean - 816-604-1253

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	itures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$157,590			\$162,633		
Medical/dental/vision insurance for self	\$7,062			\$7,840		
Medical/dental/vision insurance for spouse/family	\$9,792			\$9,856		
Long-term disability for self	\$588			\$588		
Deferred compensation						
Retirement benefit	\$22,851					
Other (please specify)				\$23,582		
403(b)	\$1,000			\$1,000		
Life Insurance	\$1,135		\$379	\$1,171		\$391
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$200,018	\$0	\$379	\$206,670	\$0	\$391

# Other Compensation:

				ı		
	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$4,334			\$7,200		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$4,334	\$0	\$0	\$7,200	\$0	\$0

Name: Jackie Gill (Hire date 2/29/2016 - salary/benefits pro-rated)-President

Institution: Metropolitan Community College - BTC

Phone: 816-604-5250

Contact Person: Shelley Kneuvean 816-604-1253

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary				\$51,688				
Medical/dental/vision insurance for self				\$6,533				
Medical/dental/vision insurance for spouse/family				\$0				
Long-term disability for self				\$455				
Deferred compensation								
Retirement benefit				\$7,498				
Other (please specify)								
403(b)				\$0				
Life Insurance				\$1,087		\$362		
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$0	\$0	\$0	\$67,261	\$0	\$362		

#### Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage				\$3,000			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$3,000	\$0	\$0	

Name: Kirk Nooks - President
Institution: Metropolitan Community College - Longview
Phone: 816-604-2414

Contact Person: Shelley Kneuvean 816-604-1253

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 2016 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$150,000			\$154,800			
Medical/dental/vision insurance for self	\$7,062			\$7,840			
Medical/dental/vision insurance for spouse/family	\$9,792			\$9,856			
Long-term disability for self	\$546			\$546			
Deferred compensation							
Retirement benefit	\$21,750			\$22,446			
Other (please specify)							
403(b)	\$0			\$0			
Life Insurance	\$1,080		\$360	\$1,116		\$372	
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$190,230	\$0	\$360	\$196,604	\$0	\$372	

#### Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$2,965			\$7,200		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$2,965	\$0	\$0	\$7,200	\$0	\$0

Name: Utpal Goswami

Institution: Metropolitan Community College - Maple Woods

Phone: 816-604-3046

Contact Person: Shelley Kneuvean 816-604-1253

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$155,000			\$159,960		
Medical/dental/vision insurance for self	\$7,062			\$7,840		
Medical/dental/vision insurance for spouse/family	\$9,792			\$6,172		
Long-term disability for self	\$546			\$588		
Deferred compensation						
Retirement benefit	\$22,475			\$23,194		
Other (please specify)						
403(b)	\$1,000			\$1,000		
Life Insurance	\$1,116		\$372	\$1,152		\$384
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$196,991	\$0	\$372	\$199,906	\$0	\$384

# Other Compensation:

	FY 20	015 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$5,383			\$7,200			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$5,383	\$0	\$0	\$7,200	\$0	\$0	

Name: Joseph Seabrooks

Institution: Metropolitan Community College - Penn Valley

Phone: 816-604-4205

Contact Person: Shelley Kneuvean 816-604-1253

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$169,313			\$174,731		
Medical/dental/vision insurance for self	\$7,062			\$7,840		
Medical/dental/vision insurance for spouse/family	\$9,792			\$9,856		
Long-term disability for self	\$630			\$630		
Deferred compensation						
Retirement benefit	\$24,550			\$25,336		
Other (please specify)						
403(b)	\$1,000			\$1,000		
Life Insurance	\$1,219		\$408	\$1,260		\$420
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$213,566	\$0	\$408	\$220,653	\$0	\$420

#### Other Compensation:

				1		
	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$2,990			\$7,200		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$2,990	\$0	\$0	\$7,200	\$0	\$0

Name: Steven Kurtz
Institution: Mineral Area College
Phone: 573-518-2129
Contact Person: Lisa Clauser

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$166,967			\$171,976				
Medical/dental/vision insurance for self	\$6,840			\$6,939				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self	\$245			\$223				
Deferred compensation	\$21,000			\$23,000				
Retirement benefit	\$25,202			\$25,943				
Other (please specify) Mid-Year Merit	\$0			\$101				
Additional life insurance	Value							
Annuity	Value							
			I					
TOTAL	\$220,254	\$0	\$0	\$228,182	\$0	\$0		

# Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$5,350 \$1,552			\$5,350 \$1,552			
Automobile repair/maintenance/mileage	\$406			\$448			
Professional development  Expense for spouse/family to attend meetings							
Club/other memberships Other (please specify) Cell Phone	\$1,043			\$1,321			
TOTAL	\$8,351	\$0	\$0	\$8,671	\$0	\$0	

Name: Jeffery C. Lashley
Institution: Moberly Area Community College
Phone: 660-263-4110 X11274

Contact Person: Gary D. Steffes

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$171,750			\$180,000		
Medical/dental/vision insurance for self	\$8,183			\$8,565		
Medical/dental/vision insurance for spouse/family	\$10,103			\$11,684		
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$24,785			\$26,037		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$214,821	\$0	\$0	\$226,286	\$0	\$0

# Other Compensation:

				T		
	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell Phone	\$630			\$630		
TOTAL	\$630	\$0	\$0	\$630	\$0	\$0

Name: Dr. Neil Nuttall
Institution: North Central Missouri College
Phone: 660-359-3948, ext 1500

Contact Person: Tyson Otto, CFO

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expend	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$132,922			\$135,580		
Medical/dental/vision insurance for self	\$5,874			\$5,580		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$21,286			\$21,628		
Other (please specify)						
Life Insurance	\$161			\$161		
Additional life insurance	\$50,000					
Annuity	Value					
TOTAL	\$160,243	\$0	\$0	\$162,949	\$0	\$0

#### Other Compensation:

				I			
	FY 2	015 Actual Expendi	tures	FY 201	.6 Estimated Expen	ditures I	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment		\$1,200			\$1,200		
Automobile	\$8,000			\$8,000			
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$6,739			\$10,500			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships	\$960			\$500			
Other (please specify)							
Medical Allowance	\$500			\$500			
Phone Allowance	\$720			\$720			
TOTAL	\$16,919	\$1,200	\$0	\$20,220	\$1,200	\$0	

Name: Dr. Hal Higdon
Institution: Ozarks Technical Community College
Phone: 417-447-4842
Contact Person: Marla Moody

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$241,638			\$246,472		
Medical/dental/vision insurance for self	\$5,969			\$6,159		
Medical/dental/vision insurance for spouse/family	\$10,683		\$10,683	\$8,598		\$8,598
Long-term disability for self	\$151			\$130		
Deferred compensation						
Retirement benefit	\$40,983			\$41,712		
Other (please specify)						
Group Term Life Insurance	\$111			\$102		
Health and Wellness Center	\$600			\$600		
403b	\$23,000		\$23,000	\$23,000		\$23,000
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$323,135	\$0	\$33,683	\$326,773	\$0	\$31,598

# Other Compensation:

				T		
	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$12,000			\$12,000		
Automobile repair/maintenance/mileage	\$1,222			\$503		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$420			\$420		
Other (please specify)						
TOTAL	\$13,642	\$0	\$0	\$12,923	\$0	\$0

Name: Dr. Jeffrey Jochems
Institution: Ozarks Technical Community College
Phone: 417-447-4842
Contact Person: Marla Moody

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$126,072			\$131,112		
Medical/dental/vision insurance for self	\$6,014			\$6,298		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$151			\$130		
Deferred compensation						
Retirement benefit	\$19,151			\$19,910		
Other (please specify)						
Group Term Life Insurance	\$111			\$102		
Health and Wellness Center	\$600			\$600		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$152,099	\$0	\$0	\$158,152	\$0	\$0

# Other Compensation:

				1			
	FY 2	015 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$2,638			\$1,777			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$2,638	\$0	\$0	\$1,777	\$0	\$0	

Name: Mr. Cliff Davis
Institution: Ozarks Technical Community College
Phone: (417) 447-4842
Contact Person: Marla Moody

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2015 Actua	l Expenditures (11,	/1/14-6/30/15)	FY 201	6 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$84,048			\$131,112		
Medical/dental/vision insurance for self	\$4,030			\$6,219		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$94		-	\$130		
Deferred compensation						
Retirement benefit	\$12,770			\$19,910		
Other (please specify)						
Group Term Life Insurance	\$71			\$102		
Health and Wellness Center	\$400			\$600		
Additional life insurance	Value					
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$101,413	\$0	\$0	\$158,073	\$0	\$0

# Other Compensation:

	FY 20	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$6,400			\$9,600		
Automobile repair/maintenance/mileage	\$5,385			\$3,371		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$11,785	\$0	\$0	\$12,971	\$0	\$0

Name: Ronald Chesbrough
Institution: St. Charles Community College
Phone: 636-922-8300
Contact Person: Donna M. Davis

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expend	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$206,936			\$212,110		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$30,006			\$30,756		
Other (please specify)						
Additional life insurance	Value		<b>'</b>			<b>'</b>
Annuity	Value					
			T	I		T
TOTAL	\$236,942	\$0	\$0	\$242,866	\$0	\$0

#### Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships	\$13,200			\$13,200			
Other (please specify)							
Cell Phone	\$1,560			\$1,560			
TOTAL	\$21,960	\$0	\$0	\$21,960	\$0	\$0	

Name: Jeff L. Pittman, Chancellor
Institution: St. Louis Community College
Phone: 314-539-5208

Contact Person: Ron Portman, Supervisor of Payroll

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary				\$260,000		
Medical/dental/vision insurance for self				\$42		
Medical/dental/vision insurance for spouse/family				\$34		
Long-term disability for self				\$272		
Deferred compensation						
Retirement benefit				\$39,316		
Other (please specify)						
403(b)						\$18,000
Additional life insurance	Value					
Additional life insurance	value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$299,664	\$0	\$18,000

# Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures		
		l secondization	14.05	201	2 Estimated Expen		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing				\$29,000			
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)				\$11,100			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$40,100	\$0	\$0	

Name: Dennis F. Michaelis, Interim Chancellor
Institution: St. Louis Community College
Phone: 314-539-5208

Contact Person: Ron Portman, Supervisor of Payroll

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$343,524					
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$343,524	\$0	\$0	\$0	\$0	\$0

# Other Compensation:

# \*Amount reflects money paid to Registry for College and University Presidents

	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Ruby Curry, Interim President
Institution: St. Louis Community College-Florissant Valley
Phone: 314-539-5208

Contact Person: Ron Portman, Supervisor of Payroll

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

FY 2015 Actual Expenditures			FY 2016 Estimated Expenditures			
	Private Funds			Private Funds		
Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
\$156,405			\$159,533			
\$6,974			\$7,138			
\$0			\$0			
\$272			\$272			
\$23,690			\$24,167			
Value						
Value						
¢107 241	ćo	ćo	¢101 110	ćo	\$0	
	Institutional Operating Funds \$156,405 \$6,974 \$0 \$272 \$23,690  Value  Value	Institutional Operating Funds (e.g. Institution Foundations) \$156,405 \$6,974 \$0 \$272 \$23,690  Value  Value	Institutional Operating Funds (e.g. Institution Foundations)  \$156,405 \$6,974  \$0 \$272  \$23,690  Value  Value	Institutional Operating Funds (e.g. Institution Foundations)  \$156,405   Standard Benefit Operating Funds \$159,533   \$6,974   \$7,138   \$0   \$272   \$272   \$23,690   \$24,167    Value   Value	Private Funds (e.g. Institution Foundations)   Amount Above Standard Benefit   Institutional Operating Funds   (e.g. Institution Foundations)   \$156,405   \$159,533   \$6,974   \$7,138   \$90   \$272   \$272   \$2272   \$23,690   \$124,167   \$124,16	

# Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Roderick Nunn, Interim President

Institution: St. Louis Community College-Forest Park
Phone: 314-539-5208

Contact Person: Ron Portman, Supervisor of Payroll

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$156,405			\$119,650		
Medical/dental/vision insurance for self	\$6,974			\$5,353		
Medical/dental/vision insurance for spouse/family	\$60			\$269		
Long-term disability for self		-	_		·	
Deferred compensation						
Retirement benefit	\$23,690			\$18,125		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$187,129	\$0	\$0	\$143,397	\$0	\$0

# Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Pamela McIntyre, President

Institution: St. Louis Community College-Meramec
Phone: 314-539-5208

Contact Person: Ron Portman, Supervisor of Payroll

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expend	tures	FY 2016 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	i i	Foundations)	Standard Benefit	
Base salary	\$169,406			\$14,400			
Medical/dental/vision insurance for self	\$6,974			\$0			
Medical/dental/vision insurance for spouse/family	\$0			\$0			
Long-term disability for self	\$272			\$0			
Deferred compensation							
Retirement benefit	\$25,575			\$2,088			
Other (please specify)							
Additional life insurance	Value						
Additional me insurance	value						
Annuity	Value						
				1			
TOTAL	\$202,227	\$0	\$0	\$16,488	\$0	\$0	

# Other Compensation:

	EV 2	015 Actual Expendi	turas	EV 201	FY 2016 Estimated Expenditures		
	112	T Actual Expellui	tures	F1 201	lo Estimated Expen	ultures	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	

Name: Dr. Joanna Anderson
Institution: State Fair Community College
Phone: (660) 596-7301
Contact Person: Garry Sorrell

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	014 Actual Expendi	tures	FY 201	5 Estimated Expen	ditures
	Institutional	Private Funds (e.g. Institution	Amount Above	Institutional	Private Funds (e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$150,000			\$153,000		
Medical/dental/vision insurance for self	\$6,475			\$6,740		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$22,744			\$22,932		
Other (please specify) (Paid life insurance)	\$252			\$252		
Additional life insurance	Value				_	
The state of the s	value					
Annuity	Value					
						1
TOTAL	\$179,471	\$0	\$0	\$182,924	\$0	\$0

# Other Compensation:

	FY 2	014 Actual Expendi	tures		FY 2015 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	\$16,800			\$16,800			
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$4,800			\$4,800			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings Club/other memberships							
Other (please specify) (Cell phone stipend)	\$1,200			\$1,200			
TOTAL	\$22,800	\$0	\$0	\$22,800	\$0	\$0	

Name: Dr. Wesley Payne
Institution: Three Rivers Community College
Phone: 573-840-9105
Contact Person: Anita Freeman

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	FY 2016 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$175,000			\$180,250				
Medical/dental/vision insurance for self	\$6,732			\$6,346				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self		•				·		
Deferred compensation								
Retirement benefit	\$26,351			\$27,057				
Other (please specify)								
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$208,083	\$0	\$0	\$213,653	\$0	\$0		

#### Other Compensation:

	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)	\$10,500			\$12,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$588			\$588		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell Phone	\$720			\$800		
TOTAL	\$11,808	\$0	\$0	\$13,388	\$0	\$0

# State Technical College

Name: Dr. Donald M. Claycomb

Institution: State Technical College of Missouri
Phone: 573-897-5000

Contact Person: Jenny Jacobs

#### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	)15 Actual Expendi	tures	FY 201	6 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$188,468			\$200,000		
Medical/dental/vision insurance for self	\$6,235			\$6,600		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$31,983			\$33,940		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$226,686	\$0	\$0	\$240,540	\$0	\$0

#### Other Compensation:

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	FY 2	015 Actual Expendi	tures	FY 2016 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$5,600			\$5,600		
Automobile repair/maintenance/mileage Professional development	\$1,113			\$600		
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$6,713	\$0	\$0	\$6,200	\$0	\$0